Home Visiting Task Force – Sustainability Workgroup Meeting

March 21st, 2013
10:00-11:30am

Children's Home + Aid: 125 South Wacker, 14th Floor

Conference Call Line: 877-731-3469
Pass code: 236208#

Meeting Participants: Dan Harris, David Lloyd, Teresa Kelly, Makaya Madison (Haymarket Center), Mattie McClaurin, Chelsea Pearsall, Nancy Shier, Mike Shaver, Penny Smith, Anna Torsney-Weir, Jay Young, Cindy Zumwalt

Minutes

I. Welcome and Introductions – Co-Chair Mike Shaver

- The group voted to amend or approve the December 19th meeting minutes: Nancy Shier motioned to accept, Jay Young seconded the motion, and the minutes were approved.

II. Update on CPS home visiting programs and Medicaid billing - Nancy Shier, Anna Torsney-Weir

- Nancy and Anna met with Rima Malhotra and Mattie McClaurin to find out more about home visiting programs CPS is funding through the PI set-aside of the ECBG.
- Our role is to help CPS generate Medicaid revenue to expand their own programs but through a statewide Medicaid "trust fund".
- Another angle is that the Women's Treatment Center bills Medicaid for residential treatment facility.
- Next Steps:
    - Anna and Nancy will update the spreadsheet with CPS information once it's completed. Mattie can identify school-based programs.
    - After spreadsheet is finished, meet first with Diane Fager in the CPS budget office to get a lay of the land – once we have an "ask", Ginger (?) is Chief Finance Officer at CPS.
    - Maybe pull together people on the provider side in CPS and in the state to find out if there is interest in expanding Medicaid billing for their work, and look at overhead costs so we can figure out the cost-benefit analysis (i.e. the costs of administrative support vs. the amount you can generate in Medicaid revenue).

III. State and Federal Home Visiting Updates – Co-Chair Teresa Kelly

- State Budget Proposal/Process: Governor Quinn released his FY14 budget proposal on March 6, which protects critical early learning programs from funding cuts. However, the budget still reflects Illinois' fiscal difficulties, with ongoing cuts to elementary and secondary education and higher education and only maintenance funding for other critical services. Attention now shifts to the General Assembly as it begins its budget work. Budget recommendations specific to early childhood programs:
    - Level funding of $300M for the Early Childhood Block Grant (ECBG). This is good news, but it also means that home visiting programs are still at a 8% cut from being fully funded. ISBE had requested an increase of $40M.
    - Level funding for home visiting programs in the Department of Human Services: $10M for Healthy Families and $6.9M for Parents Too Soon.

- HRSA Site Visit January 8th-10th went very well. Now they are working on the CQI process. Sustainability is a big issue noted during the visit.
- Sequestration:
    - Despite last minute efforts, Congress and President Barack Obama were unable to reach agreement on an alternative solution and on March 1 the automatic spending cuts known as "sequestration" – $85B in automatic cuts to defense and non-defense discretionary programs - went into effect.
    - We are hearing there will be a 5% cut to MIECHV, which is approximately $225,000-250,000. We are hoping to be able to cover the losses from under spending that some of the agencies have done. The priority is to protect agencies and IMH consultation. Currently Teresa is waiting for the new NOGA from HRSA, per a recommendation from HRSA. The competitive grants will also be facing cuts, though not as deep.
    - The Continuing Resolution passed by Congress March 20 for FY13 includes sequestration cuts but also changes a couple areas of the statute to exempt certain areas from sequestration, e.g. CCDBG and Head Start.
- President Obama's Plan for FY14 budget
    - Includes a proposed expansion of the administration's current investment in home visiting (i.e. MIECHV) but we are not yet sure how exactly this will play out.
    - Murray budget includes significant increases for all parts of early childhood.
    - There is talk about removing home visiting from the ACA.

IV. Medicaid Financing for Home Visiting

- We know there is a level of work out there that could be Medicaid-billable. We just need to figure out how to document activities and bill in order to get FMAP that will come back to the state.
- Debrief takeaways from Carolyn Kopel conversation :
    - Create a lockbox/trust fund so that a significant percentage of the revenue generated from billing Medicaid for home visiting services goes back to funding home visiting services, instead of back to the state general funds. This would create 2 line items in the budget and would allow you to maintain those programs and potentially expand services as people bill for services and generate revenue from Medicaid. We have models we can use, e.g. EI.
    - Invest in Medicaid-certified agencies to figure out what it takes for them to collect and document services.
    - Identify where capacity currently exists, through cross-walk we are putting together of which agencies bill Medicaid AND provide home visiting services.
    - Of the continuum of services, what of these CAN be Medicaid-billable, and what would the revenue generated look like?
    - Who is providing or supervising the service? Do we need to make changes to that? Will depend on model, credential, and activity. In Bloomington, CHAA is identifying a mental health need for the mother and are using in-house therapists and billing DHS Medicaid. One potential is to strengthen home visiting programs with mental health and use Medicaid for that service.
- Next steps proposed for workgroup:
    1. Finalize list of all Home Visiting programs offered in the state, who funds them, who's funded, how much service capacity each funded agency is funded to provide and where the funded slots are located. Goal is to give a picture of the existing capacity.
        a. Make sure that the funding sources aren't duplicative.
        b. Potentially share the spreadsheet with BBSF subcommittee of SIAC.
        c. Present spreadsheet at next meeting.

2. Try to put in writing what Carolyn talked about in terms of examples, using her PowerPoint and the notes from the meeting in preparation for Julie Hamos meeting so we have a proposal. We need to get them on board in order to have them talk to feds about modifying the state plan.
3. Come to consensus on the essential components of a comprehensive, high-quality, evidence-based home visiting program.
    a. Need to make sure this fits in completely with what we prepare for Julie Hamos to show that they are all funding the same, critical components.
    b. Penny has chart of models and comparisons that she will send to Anna. Anna will work to add the other models and then do a crosswalk to draft a list of common components that would then be brought to the HVTF Exec Committee.
    c. Dan will look at DHS website data on HFI – Anna and Nancy will send him a set of data questions.
4. Determine which of these components are currently billed to Medicaid, e.g. by health departments.
5. Look into places that don't currently bill Medicaid for home visiting services, but have sufficient infrastructure that they could start.
6. Consider how to expand billing of Medicaid for home visiting services (e.g., we had talked about "hubs" and adding billing capacity)
7. Jay and Anna will talk to Katherine Witgert at NASHP to learn more about Medicaid options, funding for TA, and whether any models beyond NFP are currently billing for Medicaid in other states.
8. We need approval from the state Medicaid agency, so we will need to set up a meeting with Julie Hamos once we have a proposal.